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The Editor does not hold himself responsible for the opinions of Contributors

Editorial

Treatment by Self-expression

Nearly every human being has felt some pleasure and some satisfaction in constructive physical and mental activity and there are few who have not used interests of this kind either alone or with their fellows, as a deliberate means of relieving emotional tensions, restoring their peace of mind and regaining their sense of proportion. On the other hand, nearly all dread enforced idleness; and the history of war, imprisonment and disease is a long record of ingenuity and persistence in finding creative satisfaction in the face of extreme practical difficulties. "I should have gone off my head", we hear said, "if I hadn't been able to keep my mind on" some pursuit or other. In other words, we have no doubt about the value of these activities to our mental health.

Naturally the nature of this activity has an enormous range of variation—art, literature, music, drama, sport—all deserve an encyclopaedia to themselves. It would be natural then, to find all eagerly used by psychiatrists and mental nurses the world over. In fact this is not so. True, we find lip service paid to the idea, but in many places no more than this: and certainly no universal interest. On the contrary, there is more scepticism and ridicule than honest experiment or even objective criticism.

"Occupational therapy" has no doubt come to stay, but no one seems very clear of its exact scope and limitations: and it is only here and there that activities are being prescribed by the doctor for the patient with any such care as is spent say, on the choice of a nightly sedative. There must still be thousands of patients in mental hospitals unemployed and perhaps now unemployable: and we can still recall the vision of the chronic patient rapidly turning over the pages of a book thrust upside down into his hands just before the ward is inspected.

There are, of course, notable exceptions. There have been promising schools of sculpture in some hospitals, in others art exhibitions which would do little discredit to disciples of Picasso or Dali; this journal has had the honour of publishing accounts of music therapy by Podolsky, one of its pioneers, and a music service in hospitals is being extended (described in "News and Notes"). Bibliotherapy is the subject of an article by Mrs. Roberts in this issue. Finally, perhaps more than anything else, drama has been studied as a therapeutic measure.

But the scale of all this is still very small and many patients in mental hospitals or outside have no contact with therapy of this kind: others derive benefit but do so in a haphazard way which contributes nothing to our further understanding of the subject. We must of course admit that we still know remarkably little, and many standard textbooks on psychiatry have not much to record.

Biographers, novelists and social historians have recorded more. Experiment and observation are required: they will, of course, be hampered by our difficulties in assessing personality, classifying illness and measuring progress; but these difficulties are present in psychotherapeutic results too and do not prevent us making some sort of record. There will, of course, be obstacles in the shape of material shortage and lack of teachers. There will also probably be even greater hindrances from prejudice.

Development of a Geriatric Club Attached to a Mental Hospital

By CORINNE BRANDON, B.A. and ARTHUR ZANKER, M.D.

In the winter of 1949 a "Follow-up" scheme was devised and carried out at Warlingham Park Hospital, on a series of 30 female patients over 65 years of age, who had been in-patients of the hospital during the previous two years. They had been diagnosed as senile depressive states (mainly of the late involutional type) who had responded favourably to electro-convulsive therapy, and had been discharged as "temporarily recovered" or "relieved."

The results of the "Follow-up" in the period since leaving hospital showed that approximately one-third, though not suffering from mental symptoms severe enough for readmission to the hospital, were prolonging colourless, and very often lonely, existences with no interests or aims outside their own four walls; in fact, the state of mind of these patients seemed closely related to their degree of social readjustment, and the amount of social contact that they experienced.

As an immediate outcome of this "Follow-up", in Spring 1950, we founded the first Geriatric Social Club attached to Warlingham Park Hospital. Our aim in doing so was primarily to help these old ex-patients to overcome their psychological difficulties by resocialisation; by counteracting those factors which seemed to have a large causative influence in their psychiatric disorders, namely, loneliness, idleness and an increasing sense of insecurity; and by giving them once more an aim and interest in life.

For some time, evening clubs had been running twice weekly for the younger members of the hospital's population, but it was felt that the elderly should have a Club of their own, catering for their own particular needs, and preferably held during the hours of daylight.

We had few preconceived ideas of club management or organisation, and were prepared to act upon our observations and

let the Club grow naturally and, with the minimum of interference, evolve gradually into a group.

It soon became clear that the future development of the Club necessitated an increased membership, and, accordingly, the age limit was dropped to 60 years, and other types of psychiatric ex-patients of both sexes were included. Also elderly out-patients, both male and female, were invited with a view to psychiatric support and prevention of admission to a mental hospital. It was natural that men should also be included in our membership but, here again, we experienced difficulties. We found that, generally, the elderly men who were capable of working, tended, where possible, to continue in employment after retiring age, while those who had retired were often either physically incapable of attending the Club, or were of a type particularly resistant to the idea of any group activity. Male members, therefore, have always been in the minority, frequently outnumbered by 4 to 1, and segregation of the sexes has been a feature of our meetings, the men shyly gathering in their own corner of the room, and only diffidently making contact with the women.

Later it was decided also to invite relatives of patients, both outside and inside the hospital, a move which was to the mutual benefit of the Club and the individuals concerned. We have found so often among these relatives helpers who are willing to accept responsibility for duties connected with the running of the Club; and we feel that it is good that such opportunities be offered to those wishful of expressing their gratitude for help afforded to their relatives while in hospital.

The Club was named the "Welcome Club" and a pamphlet, giving relevant details, circulated to every patient over 60 years of age who came into contact with Warlingham Park Hospital.

Within the first year of the Club's inception, regular membership rose to an average of 16 to 20 people at a meeting, with forty-odd members on the register. Throughout this time there had been little organised entertainment in the Club programme, but it was realised that with the increase in membership something more than a cup of tea in common was needed to keep and foster the interest of individual members, and prevent the less socially inclined from drifting away. As yet we had not approached the climate of a group, and we were continually embarrassed by the lack of initiative shown by the majority. Whereas it had been hoped, originally, that the Club would become as self-supporting as that of the younger people, it became evident that much external stimulation and help was necessary to awaken the members from their characteristic passivity.

Accordingly, entertainments were organised and planned for alternative meetings by the Social Worker, and these were mostly

in the nature of informal lectures, song and piano recitals and amateur dramatics, given by local people who were interested in the Club.

Four (later six) members of the Club were selected by the Social Worker to act as her Committee and meet monthly under her chairmanship to discuss matters of club organisation and to plan further programmes. They were to act as representatives of the club as a whole in order that both doctor and social worker might be able to discover more nearly the needs and wishes of individual members. It was, and is, the ultimate aim to hand over the chairmanship to a member of the Committee and encourage members to accept responsibility for the total running of the Club, but as yet this has proved impracticable. Out of the Committee have arisen a reliable team of helpers, mostly relatives of patients, who have been able to relieve the Social Worker of the routine duties, such as tea-making, and permit her to act as hostess.

Choice of programme for weekly meetings was a task requiring considerable thought on the part of the Club organisers. We aimed at a combination of both active and passive elements, i.e. certain afternoons were given up to the entertainment of Club members as an audience, who were thus purely passive and receptive, while on other days the patients themselves would be encouraged to take an active part, such as in group discussion, singing, painting, handicrafts, and in outings. We endeavoured to place an increasing emphasis on active potentialities with a view to weaning the Club from its almost wholehearted dependence on both doctor and social worker. It was also hoped that a sense of nature and art could be rekindled in many members where it had lain dormant for many years, obscured by the worries of a harassed life.

Talks are mostly given by local volunteers who are interested in the work of the hospital and who have had experience of similar groups, e.g. clergy, teachers, etc., and the subjects chosen have a general interest at a simple intellectual level—for example, nature, travel, biography.

A "painting" afternoon has been run by the Art Therapist of the hospital, who encouraged members to attempt water colours in the hope of discovering latent artistic ability and of arousing dormant artistic enthusiasm. This experiment, we regret to say, in spite of two years' duration, has not given the results we hoped for, and we have recently decided to discontinue it. The conclusion we have somewhat tentatively drawn from the failure of this venture is that in our group there may be a poverty of artistic imagination and that the majority of members had great difficulty in expressing themselves through so unfamiliar a medium. We have, instead, substituted a handicrafts afternoon which has proved much more successful, the members taking an active interest in creating articles that are both practical, and useful to themselves.

Without a doubt, our musical afternoons have been the most widely appreciated and have contributed more than any other form of activity to the creation of a congenial, friendly atmosphere in which the seeds of "group consciousness"—a feeling of "belonging," which must be experienced—have been sown. Here again, active and passive elements have been fused. Members who have musical ability and have at some stage been amateur pianists and singers have also been encouraged to use their talents. The case of Mr. P. is here worthy of mention. Mr. P., in his early sixties, was referred to our Out-Patient Clinic in 1951, suffering from a severe form of obsessional neurosis with depressive features. He had retired from an absorbing occupation shortly before, and was at home all day helping to look after his wife who was a chronic invalid. He was regarded as a suicidal risk, and the possibility of his admission to hospital was discussed, with the idea of a prefrontal leucotomy being performed on him. He was advised to join the Welcome Club, which he did apprehensively, until it was discovered that he had previously been an amateur pianist of no mean calibre. He was encouraged to bring music to the club meetings and play whenever he wished, which he did, becoming visibly rejuvenated by the applause and appreciation of other club members. He soon became the regular club pianist, and within a year was sufficiently reorientated and balanced to be able to return to a full-time temporary job at his old place of employment. Six months ago his wife died, but as yet he has shown no signs of deterioration in his mental condition.

Outings are also a popular feature. In the summer, once or twice monthly, half-day trips have been made to local places of interest. In the winter evenings parties have been arranged to visit the local repertory theatre, where Gilbert and Sullivan has been the choice most generally approved.

"Open" afternoons have been, for the most part, spent in conversation. On several occasions parlour and card games have been introduced, but with only temporary success. This we have regarded as a favourable sign, namely, that as the Club has developed, members have preferred to approach one another, and make their own advances, rather than to rely on an agency which makes for contacts by artificial means.

It has been increasingly observed, recently, that these afternoons are welcomed more than any other item in the programme (with the exception of musical afternoons); a fact which has led us to plan our future meetings with reserve. We ask ourselves whether, at this stage in the development of the Club, it would not be advisable to set aside more meetings for informal conversation, and reduce the number of "organised" afternoons—even at the risk of incurring temporary boredom—in an effort to achieve our aim of a self-supporting group. Such a situation has

never arisen before in the history of the Club, and we feel that it is an indication of social maturity, and a desire on the part of our members to participate actively in Club functions.

We are now in our fifth year of existence, and have an average attendance of between 30 and 40 members at each meeting. Although we cannot as yet lay claim to having established geriatric group therapy in its particular sense, we are increasingly experiencing the effects of group cohesion and observing its therapeutic impact on individual members. Perhaps the most striking example of this group solidarity is the sympathy which members will extend towards one of their number who is in distress.

We would claim that in certain cases the influence of the Club has been of remarkable value in promoting readjustment in elderly psychoneurotics. A good example is Mr. F., an intelligent, rather intellectual man in his late sixties, a retired Civil Servant, widely travelled, of good education and refined tastes. Shortly before his referral to the Out-Patient Clinic he had lost his wife, to whom he was devoted, and with her went his desire to live. Being by nature shy and retiring, he resisted at first an invitation to join the Welcome Club, but agreed to do so on the understanding that he would be able to have a private consultation with the psychiatrist. At first he made little contact with any of the members. He sat apart from the rest with a melancholy and forbidding expression on his face, cornering first the doctor and then the social worker, in order to regale them with a number of hypochondriacal complaints from which they could with difficulty escape. However, after a year of attendance at the Club he has become more considerate, less self-centred and absorbed in his own problems, which he can now see in better perspective. He has also made contact with several members and has been known to air, at times, a particularly dry sense of humour.

We have also noticed that the group has a salutary effect on hysterical patients whose gross symptoms are corrected by their contact with the other members.

For example, Mrs. H. is a woman in her late seventies who received treatment as an in-patient at the hospital for several months. She was a difficult and troublesome case, being confused and aggressive. She was discharged to the care of her daughter against advice as "not improved," but she has become a faithful and amenable member of the Club. At meetings she is quiet and well-behaved, and now brings with her two elderly friends who are among our "regulars."

Mrs. L. was a gross hysteric with a history of repeated admissions to the mental hospital over the past few years. At the time of her hospitalisation she was a difficult and refractory patient and her prognosis was considered to be poor. Soon after her last discharge, some six months ago, she was introduced to the Club,

has attended regularly ever since, and is a co-operative and pleasant member, showing no sign of a further relapse.

We also believe that the Geriatric Club is of value in assisting the social rehabilitation of post-leucotomy cases. Four elderly people, three women and one man, have attended at various times until they were prevented from doing so by physical considerations.

Perhaps the most unexpected result of the founding and development of the Club is the enrichment which we ourselves, as staff, have experienced, not the least among our gains being the intensified relationships we have established with the Group as a whole, and with individual members in particular.

We have, wherever possible, employed a non-professional, informal approach to members, and have been rewarded not only by their respect, but also by their affection, which has in certain cases assumed the proportions of genuine friendship. This, we feel, is unique to the Club setting and could not be found in the detached surroundings of an out-patient department, nor yet in the hospital wards. From it we derive satisfaction far exceeding that normally experienced in an orthodox, professional relationship.

What conclusions and inferences, then, do we feel qualified to draw as a result of our experience and survey? Despite our rapid growth, we are still at a formative stage, and would refrain from making any far-reaching suggestions or predictions. We have had our difficulties in the past, and no doubt will also have them in the future, but we would, however, venture to recommend, on the basis of our own experience, that geriatric social clubs should be attached to mental hospitals with their concomitant out-patient clinics. We all know that there have been, in most areas, for a number of years, clubs catering for old age pensioners (e.g. the "Darby and Joan" Clubs), but these do not take into account the type of men or women who find their way into our Club. They cater for the socially well-orientated; we do so for the maladjusted, the "bad mixers" and the eccentrics of a well-ordered community, whose social needs are just as great as, if not greater than, the hypothetical "normal" old lady and gentleman. The value of such a Club lies not only in helping these old people to overcome their psychological difficulties, but in restoring to them their self-confidence, self-respect and their ability to make fundamental social contacts. Above all, we hope that it may give them an interest, a meaning and a purpose, i.e. a sense of still belonging to, and being useful members of, the community for the remaining years of their lives.

* * *

We are particularly indebted to Dr. T. P. Rees, Medical Superintendent of Warlingham Park Hospital, for his encouragement and for the active interest he has shown in the development of the Club.

Group Therapy with Mental Defectives

By ARTHUR D. HELLER, M.D.

(Deputy Medical Superintendent, Prudhoe and Monkton Hospital)

Group therapy, as applied to psychoneurotics and, to a smaller extent, to psychotics, has mainly two aims. The first is of purely diagnostic nature, for the behaviour of the patient during the group sessions, his reaction to the environment, and above all his individual response, is of diagnostic help. The second aim is therapeutic, for during the group session various therapeutic agencies are engendered which may produce desirable changes in the psychological pattern of the patient.

Although no therapy can change the basic personality of any mental patient, it may be able to change the psychoneurotic or psychotic overcast of which the neurotic or psychotic make-up consists. Such changes may be caused by environmental agencies, by cathartic efforts, by means of transference which, however, appears to be more complete in individual psychotherapy and, in particular, in psycho-analysis.

The agents within the frame of group therapy are manifold. One of the most favoured agents is the individual discussion of the personal problems of the patient during which the cathartic effect is caused by the patient's self-revelation which often amounts to the height or depth of the Confessional although it occurs in the presence of the whole group. There are also general discussions of impersonal problems, of topical items, cultural matters and anything the patients and the therapists may wish to include. In more recent times the psychodrama, musical performances and unaided drawing and painting became prominent in the programme of group therapy. Most of these agents encourage self-expression and the therapist gains a fairly good knowledge of the patient's psychological mechanism by study and analysis of the latter's efforts.

Until not so long ago, it was thought that group therapy was not a suitable means of treatment of the mental defective, and apart from some attempts in the U.S.A., little group therapy in mental defectives has been systematically carried out let alone introduced in the appropriate hospitals as a regular treatment.

It is, in general, still assumed that the intelligence level of the average mental defective is not high enough to expect a positive response to group therapy. On the other hand, for many years mental defective patients are often engaged in fairly high-skilled occupations which are also carried out in groups. Occupational therapy, such as mat- or brush-making, artificial flower-making, weaving, knitting and kindred work is, however, based on principles, and aims at results which are fundamentally different from group-psychotherapy.

The therapeutic factors of group treatment in neurotics and psychotics are different from those in mental defectives. The latter do not suffer, in general, from psychoneurotic or psychotic features which could be improved by self-expression leading to catharsis. But many of the feeble-minded persons who inhabit Mental Deficiency Hospitals are in need of environmental adaptation, of social adjustment, of re-gaining self-confidence. Group therapy in mental defectives covers all these aims even if it sometimes fails to achieve them.

A number of feeble-minded persons are basically able to work outside a hospital and earn their living. Thus any attempt at increasing their adaptability to ordinary life outside a hospital or institution and elevate their standard both as human beings, in general, and as citizens and members of a community, in particular, should be considered worth the psycho-therapeutic effort.

About two years ago, group psychotherapy was introduced in Prudhoe and Monkton Hospital.

During the first ten months an average of twenty female patients aged 15 to 55 years participated, of whom all were feeble-minded persons except for two high grade imbeciles.

The following aims were intended :

1. To establish an opportunity of closer observation and personality-assessment of the participants;
2. To give them an opportunity of verbal self-expression during discussions and of projection by unaided drawing and painting;
3. To discuss with them their own personal problems and also general items, and by doing so give them moral support, friendly advice, and in a small way, contribute to their education;
4. To provide for a platform where some speech training would improve some of their speech defects; and finally,
5. To offer them an inspiring and interesting occupation of both instructive and entertainment value.

During this period thirty sessions were held, each lasting one hour. The items of these sessions were, in order of their frequency : Spontaneous, unaided but guided drawing and painting with coloured crayons, story telling by both the patients and the therapist, discussions of personal and general problems, individual and community singing, recitation of poems, and parlour games.

After each drawing and painting session, each patient was asked to judge the efforts of the others and to put the sketches into the Rank Order, chosen by the respective patient herself. None of the patients showed envy or jealousy nor was favouritism observed. Most participants gave fairly correct verdicts although only very few could explain the merits of the sketches.

Encouraged by the fairly good results shown during the first eight months the therapy was continued and a separate male group was added.

During the second period of Group Therapy, the procedures were changed in that no drawing or painting sessions were held in either group but for one trial in the male group. The main aim during the second period was to ascertain how far some of the participants would be able to earn their living and adjust themselves socially when on licence or discharged for good. For this reason the main items of each session consisted of simple questions as regards ordinary life in general. Thus, for instance, the use of earned money was discussed; its distribution concerning necessities, taxation, health insurance, charity, luxuries and entertainment. The importance of matters of transport, the postal services, the currency in this country and kindred problems occupied the patients and the therapist.

From the very beginning it became clear that the male patients showed more interest in matters of life in general than the female patients of whom only those of the highest grade responded favourably and showed both common sense and some knowledge. The overwhelming majority of the female patients were much more interested in listening to story telling than in discussing cooking, clothing, housing and earning money by doing some useful job.

During the second period sixteen sessions were held in the male and fourteen in the female group. After each session the therapist recorded the Rank Order of the patients' responses. The Rank Order was ascertained according to the following observations (in alphabetical order): Alertness—attention—attitudes—fluency of expression—interest in the subjects—judgment—knowledge—memory—sense of humour—understanding.

As to the general response of the patients the following results were ascertained:

Result	MALE GROUP		FEMALE GROUP	
	No. of patients	%	No. of patients	%
Very good ...	2	14.28	4	21.05
Good ...	3	21.42	5	26.31
Slight ...	3	21.42	4	21.05
Poor ...	6	42.84	3	15.78
Negative response ...	0	0	3	15.78

It appears that group therapy in mental defectives is useful. It gives the therapist a very good opportunity of observation; it increases, in a limited number of patients their adaptive ability and trains discipline and patience. In some cases it may provide for some knowledge that may be useful after discharge on licence or for good. In addition it has been found that the inclusion of yet another form of treatment for mental defectives has directed the attention of the staff in general and also of the patients to new possibilities in treatment.

In conclusion it is suggested that Group Psychotherapy should be adopted as a regular feature in any advanced Hospital for Mental Defectives.

Bibliotherapy

By MARJORIE E. ROBERTS, M.B.E.

Quoting from Lord Beaverbrook's book, "Don't Trust to Luck," in the opening chapter—"Judgement is the Master Key"—there are the forceful and true words "*men do not dream the same dreams.*" In that short phrase there probably lies to some extent the key to bibliotherapy, or the cure of books, and to successful Librarianship.

Often in the past, in writing and speaking, I have tried to draw attention to a salient fact that hospital librarians are born and not made.

How can they be made when the dreams of individual men and women are for many reasons different, and for varying causes and motives?

Surely then, it should be the chief interest, joy and duty of hospital librarians—by which is meant professional or non-professional workers in libraries for hospital patients—to endeavour by instinct, training and human understanding, to link the appropriate book to each potential reader, sometimes by showing a genuine interest in whatever topic seems to raise queries, worries, or enthusiasm in the reader concerned; and having found that subject, the next step may well be a short, or not so short voyage of discovery on the part of the librarian as to the causes, motives ambitions or frustrations that seem to create certain interests, or to hold them back. In short, '*men do not dream the same dreams,*' and a successful librarian must therefore have both the natural and acquired ability (the latter born of experience and sympathy) to travel mentally, and practically, by reasonable knowledge of humanity and of books, into the minds, and to some extent, the experiences of his or her readers; and he should be able to visualise the field of opportunity open to those librarians working in rehabilitation hospitals for many patients with illnesses of a long standing nature. Amongst these, especially in these difficult interim years between two world wars, are anxiety cases of a psychological character, and physical cases, seemingly overcome at intervals by ideas which show no bright prospect for the future.

Here again, quoting from Lord Beaverbrook, "I would give one simple recipe for the cure; when you feel anxious about the present, think of the worst anxiety you ever had in the past. Instead of one grip on the mind, there will be two distinct grips, and the greater grip of the past will over-power the lesser one in the present."

Similar stimulating or at least helpful advice can apply, within reason, to physical suffering. In short, there are times when it seems

that a special study might be made by those who are interested, of literature for rehabilitation. What a network of categories it falls into! The term occupational therapy is widely used. What does it involve? Formerly it tended to mean to the general public, a handicraft or useful occupation or a trade, then by degrees it was more widely understood by those concerned, to include, and to be capable of including, mental, cultural and artistic occupations, with the result that today in many hospitals in the U.K. and in various other countries, bibliotherapy or cultural education in hospitals, is duly and gradually being recognised as an important, essential part of hospital administration.

There are many who although they have been through the ordinary, accepted periods of so-called education, involving training for whatever careers they may have chosen, may never have had time, or opportunity to study, or leisure to think, research or compare. For some such persons a spell in hospital, or convalescent home can be a blessing, and indeed at times, an escape from stagnation, and a sort of despair, into a glittering, or at any rate, a promising horizon of brightness. In fact, with the help and sympathetic steering of a tactful understanding librarian, who should be guided by co-operation with the medical and nursing staff, one of the most important phases in rehabilitation can be started through the patients' library, and the more so for those patients who have the wish to make good, and to be useful citizens. And this progress will not necessarily depend on their past education, or their circumstances, for in the words of Lord Beaverbrook, "Education is the fruit of temperament, not the success of education. What a man draws into himself by his own natural volition is what counts because it becomes a living part of himself." Wherever wise and possible, it surely should be the wish and training of librarians to try to rehabilitate their readers through the channels of book therapy, and for many this can include cultural therapies, pictures and music. A spell in a hospital ward as a patient, or as a librarian, should, except in unfortunate adverse circumstances, prove an adventure into experiences, or ambitions, or dreams, according to the individuals concerned, above all at times where there is on both sides a knowledge of languages, travel, or trade, together with a love of people of different nationalities, and a desire to understand them in character, ways of life and so on. For, to quote Lord Beaverbrook again "real education is the *market-place* of the street," there study of character can be made, provided it is based on reasonable formal knowledge; thus armed, many a possible downcast, after misfortune due to physical or mental illness, need not be discouraged. Even when a fresh start is essential, courage, improvisation, and contact with other minds and experiences through the world of books has the power, through the guidance of a competent librarian, to set many a patient on the

road to the right type of rehabilitation. In fact, *fit the book to the patient*, and thus equip, by degrees, those who wish to study, to relax in literature, prose, poetry, or other subjects either longed for by individual readers or chosen by sympathetic, adequately well read, but not too technically-minded librarians.

A comforting fact is that literature and art need know no insuperable boundaries. Moreover they are commonsense as well as inspired activities, and they fill human needs amongst millions of people, fit or ill, the world over.

At present, and with regard to hospital patients, they are unequally developed in different countries, especially so in mental hospitals, for various reasons—partly for lack of publicity and public opinion in their favour; partly for lack of knowledge and of facilities for comparative study (without which little real progress is made); and largely because of the widespread difficulty of finance. To overcome that difficulty today there seems to be one outstanding guide, the guide of *co-operation* in any country by all appropriate organizations and workers concerned with these welfare questions. Seldom can one organization or group of workers bear this financial burden alone. Therefore, and as it is the welfare of the patients that matters, it appears that the first duty anywhere is to try to study the roads that could lead successfully towards co-operation and to evolve methods or work along such lines.

Sterilisation of Mental Defectives

Some months ago, the N.A.M.H. sent a questionnaire on this subject to medical superintendents of Mental Deficiency Institutions in the United States. Amongst the replies received was one of special interest from Dr. Neil Dayton, who is Superintendent of the Mansfield State Training School, Connecticut, and a prominent member of the American Association on Mental Deficiency. His views and those of his medical staff will, we think, interest our readers, and we have obtained his permission to publish them.

QUESTION 1

Do you find that there is an appreciable number of patients for whom sterilisation is considered desirable before licence is granted?

ANSWER

The Medical Staff gave the reply of "No". I will add that there seem to be a few cases that would benefit by this procedure. However, I personally decided against sterilisation some time ago. We have put girls out into the community whom we felt should be sterilised. To our surprise they have not gotten into difficulties.

QUESTION 2

Have you found that sterilisation encourages promiscuous sex relationships or exposes girls to undesirable attentions from the opposite sex?

ANSWER

The Medical Staff answers, "Yes", but adds that they have not stated that they have found this to be so, but are merely stating their opinion on the matter. I would divide this question into two. If the girl wants sex, she will get it, sterilised or not sterilised. However, I would say to the second part of this that it does expose her to undesirable attention from those who know that she is sterilised. Only rarely does the mentally defective girl think in terms of protecting herself. However, the normal men who will approach her are thinking in terms of their own protection.

QUESTION 3

In the case of sterilised defectives who subsequently marry, have you found any resentment at their inability to become mothers, or that this inability sometimes produces neurosis?

ANSWER

The Medical Staff felt that no data are available on which to base an opinion or finding. We have had to deal with very few sterilised women at Mansfield. This question was propounded by individuals of normal or superior intelligence, and situations that have obtained in the normal group of women have been projected on to the mentally retarded. This is crediting the mentally retarded girl with reasoning, judgment and emotional reactions which are observed but rarely. Neurosis is practically unknown in mental retardation.

QUESTION 4

Do many of your sterilised married defectives achieve a tolerably satisfactory home life and are they helped in this by the absence of the responsibilities of motherhood?

ANSWER

The Medical Staff felt that there were no data available upon which to base an opinion or a finding. Again, the number of cases available is very small. We have found that very few of our girls (unsterilised) have illegitimate children. Again, few of them marry and those who do marry have a small number of children. Again I feel that this is a question proposed by superior intelligences and projected on the mentally retarded girl.

QUESTION 5

Do you feel it important that there should be facilities for sterilisation after the birth of one or two children if this is found to be the maximum number that a defective can rear adequately?

ANSWER

The Medical Staff's answer to this was, "No". We have placed girls who have had from one to four children before coming to the school. After a period of four or five years' training, we have again placed these girls in the community and up to date have had no casualties in this group.

Dr. Dayton concludes his reply with what he calls "a bit of basic thinking" based on nearly 30 years' experience.

In the United States there is no State that is taking care of more than 10% of its known mental defectives within institutions. Now we are saying that the 10% of this group who happen to be committed to a public institution should be sterilised before release to the community. On the face of the matter this is discriminatory legislation at its very worst. From the practical, common-sense viewpoint the institutionalised group are the ones who need sterilisation the least, if anything. We bring girls into the Training School, give them an expensive education and training and when we feel that they are ready we return them to the community as self-supporting citizens.

At the present time we have six Social Workers who closely supervise the work placement, finances, recreation and general adjustment of about 125 girls (we have about the same number of boys out on community placement). It is my feeling that the crux of the entire matter is the amount of Social supervision that can be provided. If it is reported to us that a girl is getting interested in someone in the community, we move her to another location.

If she gives evidence of promiscuity, we bring her back to the School and after a period, place her again in the community in another city or town. After a period of several years of this supervision, if the girl shows that she has the ability to run her own life, we discharge her. Some of our girls have married after discharge. However, they are well-trained, well-adjusted girls by that time and inevitably marry men superior to themselves. I have questioned my Social Workers carefully on this and they cannot see that any one of these girls has had a mentally defective child. Of course, they are quite young but a skilled Social Worker cannot be fooled in these matters, or is fooled but rarely. To my mind the answer is supervision as long as necessary and not the magic wand of sterilisation.

Correspondence on this highly controversial subject is invited.—Ed.

DAME EVELYN FOX

In the News Letter issued with this Journal will be found a tribute to Dame Evelyn Fox who died on June 1st after many months of crippling infirmity.

On the Roll of Honour of pioneers of the Mental Health movement her name stands high and she will long be remembered with affection and gratitude by those who worked with her in the Central Association for Mental Welfare of which for 33 years she was Hon. Secretary, and in the National Association for Mental Health in whose formation she played such a prominent part.

Notes and News

World Health Organisation

Annual Review

The current Chronicle of W.H.O. (Vol. 9, No. 4) contains a review of its work for 1954, and notes the success of international seminars in mental health. A third seminar on alcoholism was held in the Netherlands; in Stockholm, there was a regional study group on the relations between paediatrics and child psychiatry (which was attended by a strong delegation from this country), and the Study Group on the Psychological Development of the Child met again.

Besides this, the practice of visits by short-term consultants was continued, and included trips and surveys in most of the Eastern Mediterranean countries. Surveys here have led to more thought on mental health by public health authorities and to considerations of public education and revision of the laws as well as to increase of the psychiatric services.

W.H.O. also organised appointments at Bangkok and at the All-India Institute of Public Health in Bangalore.

The Chronicle containing this Report (April 1955) may be obtained from H.M. Stationery Office, price 1/9.

Monaco Study Group on Mental Health

A group convened by the European Study Group of the World Health Organisation, met in Monaco for ten days at the end of April to discuss "mental health through public health practices."

The practical aspects of the subject as studied by the Committee were to include the need for professional reorientation, re-organisation of services, retraining of available staff and the training of new staff, against the background of the ascertained fact that a large proportion of human ill-health has its roots in social and psychological conditions.

Health Education Summer School

The Central Council for Health Education is again holding its Summer School at Reichel Hall, Bangor, North Wales, from August 16th to 26th. The theme is to be "Opportunities and Methods in Health Education" and the programme is designed to help members to make the best use of educational opportunities presenting themselves in the home, the school, the hospital, the factory and the community. The main work of the school will be done in discussion groups under skilled leadership.

Further particulars may be obtained from the Medical Director, Central Council for Health Education, Tavistock House, Tavistock Square, London, W.C.1.

Training for Nursing Assistants

Over 12,000 Nursing Assistants are employed in mental and mental deficiency hospitals and so far there has been no recognised provision for their training.

This gap has now been filled by the issue of a Memorandum sent on May 19th by the Ministry of Health to Regional Hospital Boards and Hospital Management Committees, with a recommended scheme of instruction, based on a report drafted by an advisory group of medical and nursing experts under the chairmanship of Dr. J. C. Sawle Thomas, Regional Psychiatrist to the North-East Metropolitan Regional Hospital Board.

The syllabus consists of five sections: (1) Introduction to Hospital Work; (2) Home-Making (based on the conception of the hospital as the patient's home and on his need for comfort and companionship); (3) Basic Nursing (patients getting up, at table, at work, at leisure, at social functions, at exercise, going to bed); (4) Bedside Nursing; (5) First Aid.

The management of patients, it is stressed, should be taught throughout the Course; leading from simple to complex activities:

"from helping more experienced colleagues to helping those less experienced: from the management of one patient to the management of patients in groups: from the management of co-operative patients to the management of difficult ones."

The length of the Course will vary, but it is suggested that the minimum time should be not less than 6 months, and that normally the certificate should not be awarded until the student has passed a simple test and had a full year's experience.

International Congress on Criminology

The Third International Congress will be held in Bedford College, London, from September 12th to 18th, 1955, organised on behalf of the International Society for Criminology by a British Committee. Its main subject will be Recidivism which will be studied under the following headings: Definitions and Statistical Aspects; Descriptive Study of forms of Recidivism and their evolution; Causes; Prognosis; Treatment. The Home Secretary is opening the proceedings at 10.30 in the morning of September 12th and Dr. Denis Carroll will then give the presidential address.

The Congress is open to all who are professionally concerned with the study of criminology or who are seriously interested in it. Particulars may be obtained from the Organising Secretary, 28 Weymouth Street, London, W.1.

A Regional Board's Mental Deficiency Waiting List

The following figures were presented by the Planning Committee of the Sheffield Regional Hospital Board at its May meeting, showing the position state of the waiting list for mental deficiency hospitals as at 31st December 1954:

	URGENT		NON-URGENT		TOTAL
	<i>Under 16</i>	<i>16 & over</i>	<i>Under 16</i>	<i>16 & over</i>	
"Cot and Chair" ...	71	20	30	34	155
Ambulant low-grade ...	138	99	66	120	423
Medium low grade ...	47	104	45	158	158
High grade ...	2	36	3	59	100
TOTAL	258	259	144	371	1,032

The Region concerned covers nine county boroughs, the whole of five county council areas and parts of the areas of two other county councils. The total accommodation available provides at present a total of 3,455 beds.

For the country as a whole, the latest information about the waiting-list given by the Minister of Health is that it now stands at about 7,000. He told the House however, on the same occasion (May 4th) that the programme actively in hand would result in the addition of at least 6,000 new beds. This is good news but it is to be hoped that enough nurses will be found to staff them.

International Journal of Social Psychiatry

The object of this new quarterly journal is to support and encourage the correlation of interdisciplinary research into the social and psychological causes of mental and social aberrations. The first issue has an Introduction by Lord Webb-Johnson and articles by the two Editors: Professor Thomas A. C. Rennie, Cornell University Medical College, and Dr. Joshua Bierer, Medical Director of the Marlborough Day Hospital, London. Other contributors include Dr. J. M. Bell (Dingleton Hospital, Melrose), Dr. Michael Fordham (C. G. Jung Clinic), Dr. G. de M. Rudolf (Hortham Hospital, Bristol), and Professor Carl Rogers (University of Chicago), Dr. George K. Sturup (Herstedvester Institute for Criminal Psychopath), Dr. C. Lohne Knudsen (Oslo) and Professor T. L. Green (University of Ceylon).

The subscription for one year is 25/- which should be sent to the Secretary, International Journal of Social Psychiatry, 9 Fellows Road, London, N.W.3.

At the time of writing, the Journal has not yet appeared, but the list of contributors to this first issue should be a guarantee of its wide international appeal.

Handicapped Children: Some Recent Statistics

Physically Handicapped

An administrative memorandum issued by the Ministry of Education on April 29th (No. 503) records the result of a survey which Local Education Authorities were asked to make of physically handicapped children awaiting placement in Special Schools as on October 1st, 1954.

The Survey has disclosed a state of things which the Ministry regards optimistically. Only 202 children were found to be awaiting admission to Special Day Schools and over the country as a whole provision of this kind is considered to be adequate. There were 1,052 children awaiting places in boarding schools so that this type of accommodation is still short, but schemes in active preparation which will materialise during the next two or three years will, it is considered, meet the needs of all the children whose parents consent to their being educated away from home.

Of the children awaiting special educational treatment at the time of the Survey, 371 were receiving home tuition, 250 were in ordinary schools, and 106 were receiving some other form of special educational treatment, chiefly in hospital. This left 325 children unprovided for, some of whom were not receiving home teaching because of the difficulty of finding teachers or of unsuitable home conditions.

Of the 1,052 children covered by the Survey, 485 were suffering from cerebral palsy and 100 from the effects of poliomyelitis.

Educationally Subnormal

It was stated in the House in answer to a question of February 24th that projects already in hand or due to be started in the current year (1955-56) will provide for more than 5,500 additional places for educationally subnormal children, with a further 2,300 places to be made available through minor works.

At the end of last year, it will be remembered, there were still over 12,000 educationally subnormal children on waiting lists for special schools, so that despite the progress to be made it must inevitably be a long time before anything like adequate provision is available.

Mentally Defective

The right of parents to appeal against the decision that a child is "ineducable" was referred to in a recent speech by the Parliamentary Secretary to the Ministry of Education, when he stated that over 300 such appeals are received every year. In about 30% of these cases, the Ministry's Medical Officers hold independent examinations and in every case, in addition to statements from the authority, reports from the parent's own doctor receive consideration.

National Society for Mentally Handicapped Children

This is the new name adopted by the National Association for Parents of Backward Children at their recent meeting of the Council.

The North-West London Branch announces in its bulletin, "News and Views" that it has acquired a Holiday House at Dulverton, Somerset, which is being rented furnished for one year, to begin with, for the use of members in whose families there are children who are mentally defective. The inclusive rent for the summer months is £3 per week and families may share if they wish to do so. This project should be a boon to parents who find it difficult to secure accommodation in which a mentally handicapped child will be made welcome.

Mental Defectives in Israel

In "The Parents' Voice", issued by Israel's Association of Parents of Backward Children and the Fund for the Rehabilitation of the Under-Developed, there is a record of the year's work which shows steady progress in planning and provision.

To meet immediate needs, in addition to the Beb-Yehuda School in Jerusalem a residential Home for mentally-handicapped youths has been opened and despite many difficulties, is now firmly established. It is designed to provide 60 places (for which there are some 300 applications), and has, from the outset, received every support from the Ministry of Social Welfare. A Training Centre and Sheltered Workshop has also been initiated, with the help of the Ministry of Labour.

Long-term planning will be based on a survey now being conducted into the problem of mental handicap in Israel, its nature and extent, which is being carried out in co-operation with the Ministry for Social Welfare.

Readers who would like further particulars of this vigorous pioneering activity should apply to Dr. M. Spighele, 16 Rehov Balfour, Jerusalem.

"Music Service in Hospitals"

This is a new organisation responsible for introducing music as a therapy by teaching patients to play a musical instrument or to take part in a chorus. It is under the patronage of a number of well-known musicians and its chairman is Lady Ogilvy; its

temporary headquarters is at 13 St. Leonard's Terrace, London, S.W.3.

The organisation has made available much information from the United States, and reports that a music service has already been successfully introduced into the Star and Garter Hospital which has a choir of 25 patients, and the Stoke Mandeville Hospital where some patients are being given piano lessons once a week as a part of medical treatment after operation on the tendons in their arms.

Mental hospitals and mental deficiency hospitals will not be precluded from receiving the Service, and a beginning in providing it has already been made at St. Bernard's, Southall. Classes are being held in musical appreciation and eurhythmics, and for country dancing patients are providing a percussion accompaniment.

Mental Deficiency in Northern Ireland

The Sixth Annual Report of the Northern Ireland Hospitals Authority records that by the end of 1953 the number of notifications of "persons requiring special care" had reached 2,713. Of these, 410 had been received from general medical practitioners (upon whom the Mental Health Act of 1948 lays the duty of reporting any patient in respect of whom it is thought steps should be taken to ascertain whether he requires special care).

On December 31st, 1953, there were 231 defectives in three Special Care Institutions in Northern Ireland itself, 92 in Institutions outside the area of the Hospitals Authority, and 870 in Mental Hospitals. 1,164 defectives were living in their own homes under supervision, and 9 were under Statutory Guardianship.

Provision for day training was made in Belfast, Londonderry, Bangor and Lurgan, by means of "Instruction Centres" for children and "Occupation Centres" for older defectives. The total number attending these Centres was 160.

Work on the erection of the 1,000-bed Colony at Muckamore Abbey is in progress and meanwhile an existing house on the estate accommodates 70 girls. A house at Bannvale, Gilford, provides for 32 boys, with additional provision planned for 40 others, and at a former Welfare Hostel, in Armagh, ultimately to accommodate 170 patients, 145 were under care at the end of the year under review.

It will thus be seen that in the five years since the Northern Ireland Mental Health Act made the welfare of defectives a statutory responsibility, slow but steady progress has been made in spite of many difficulties.

Reviews

Social Casework in Marital Problems. (The Development of a Psychodynamic Approach.) Tavistock Publications Ltd. London. 15/-

This excellent book is a report on the first five years' work of the Family Discussion Bureau, which hypothesizes that basic psycho-analytical knowledge may be applied in a social work setting, and the team approach used in Child Guidance may be adapted for use in an agency dealing with marital difficulties. The first two chapters deal with the history and development of the Bureau, its organisation, and the training of the social workers, with a careful discussion of all the difficulties involved. Chapter 3 states the theoretical principles underlying the work, and the central chapters deal with actual casework carried out at the Bureau. This is illustrated by examples of both short-term and long-term casework. The remaining chapters are concerned with the uses of the Case Conference and a tentative assessment of results. There are also appendices giving statistical information and examples of case recording.

The authors emphasise "that the main theme of this book is the development and use of social casework methods and techniques in a specialised field". The most appealing quality is its tolerance and non-didactic approach: the hypothesis is stated, supporting evidence is brought forward and the reader is left to draw his own conclusions. The book although written by a group of caseworkers is surprisingly even throughout and illustrates the effective establishment of the team approach. Possibly the tolerance and flexibility of the casework is a consequence of the ability of the consultants and caseworkers concerned, to establish a working relationship with each other.

Although the book is concerned with casework and its methods and techniques, it is also one of the most interesting books on marriage which have appeared. It brings out more clearly than other books on this subject how fundamental is this relationship and it shows that in spite of all that has been written on marriage, we are only on the threshold of understanding. One of the most interesting and hopeful features is what the authors describe as the "spread" i.e. "the way in which help with a specific problem or attitude can spread into other areas of personality and relationship functioning, far beyond the context of the material discussed in the interviews, and can stimulate further growth which continues by its own momentum, as it were, after the casework contact has ceased".

So far as the casework is concerned the material presented,

while an effective illustration of casework methods and techniques, also raises all kinds of questions, and stimulates thought, so that one looks forward to a further book written with more detailed discussion.

The methods used for the selection and training of Social Workers are of great interest and, also, the uses of Case Conferences. The chapter on the use of Case Conferences is one of the most valuable in the book and shows the importance of the Case Conference as a learning process. This is a much-needed contribution to the meagre literature on social casework in this country.

Psychoanalysis and Social Work. Edited by Marcel Heiman, M.D.
International Universities Press Inc. New York. \$5.00

This is a fascinating book on the contribution of psychoanalysis to social work. The first part of the book consists of basic psychoanalytical theory with an emphasis on ego psychology. The rest of the book consists of ten chapters written by different psychoanalysts demonstrating how psychoanalytical knowledge can be applied usefully in various fields of social work. The theoretical part of the book gives a concise account of psychoanalytical theory and it is inevitable that some criticism will arise as the result of the necessity to compress a vast amount of complex psychoanalytical theory into so short a space, e.g. there is considerable discussion of oral attitudes and of the oral character but the anal character is hardly mentioned. However, these chapters provide very stimulating ideas, e.g. Dr. Kubie's very interesting section on the symbolic process, and the part it plays in neurosis:

"It may be accurate to say, therefore, that the neurotic process is the price that we pay for our most precious human heritage, namely, our ability to represent experience and communicate our thoughts by means of symbols, and through such symbols to discharge some at least of the psychic tensions which we bury in ourselves during our struggles with our instincts and our life experiences."

The chapters on the contribution of the Psycho-Analyst in various fields of social work are so varied and the approaches so different that it is difficult to generalise about them. The reader begins to speculate how any one Psychoanalyst's contribution would have been expressed in agencies other than the one with which he is actually dealing. In other words, how far does the setting determine the contribution, and how far the Psychoanalyst's personality and specific approach.

Broadly speaking, there could be three approaches to the subject "Psychoanalysis and Social Work", (a) The Analyst can show the psycho-dynamics underlying the work in any particular

agency, (b) He can show how the psychoanalyst can be used in any particular agency, as a consultant or as a member of a team, (c) He can show how psycho-analytic theory can be *applied* in an agency by workers who are not psycho-analysts. The writers of these chapters adopt one or other or all of these approaches, which means that the reader is inclined to get absorbed in the fascinating theory and case illustrations, which are rich in thought-provoking material, and to lose the general theme of the book. One reaches the end of the book, having been stimulated, enlightened, and entertained but still not very clear about the nature of the contribution of psychoanalysis to Social Work, although vitally aware of its existence.

One of the most interesting chapters is on the contribution of psychoanalysis to old age. The application of psychoanalytical knowledge in this field is shown to be extremely useful. The team approach is mentioned in several chapters and there is a full and valuable discussion on this by Dr. Adelaide Johnson. Although there is a chapter on the contribution of psychoanalysis in a hospital setting, this is confined to medical social work and one would have been interested to read about the contribution of psychoanalysis to Psychiatric Social work in the Mental Hospital.

Perhaps the most important contribution of psychoanalysis to social work is the assistance it has given to the Social Worker in understanding herself, a contribution which is shown many times throughout this book.

EILEEN KELLY.

Aggression and its Interpretation. By Lydia Jackson. 237 pp. Methuen. 21/-

This small and easily read book will be primarily of interest to child psychiatrists, but its theme has also implications not only for the worker with adults but also for the sociologist.

Dr. Jackson has set out to study the nature of aggression and has designed a pictorial projection test for this purpose: this has been used among other investigations on groups of so-called normal, neurotic and delinquent children, and their responses which are given in great detail are certainly of interest. The theme of the book is that destructive aggressive behaviour is not directly derived from a primary instinct of this nature, but is the result of the early frustration of the attempt at self-realisation, generally by faulty family relationships.

Many will feel this hypothesis not as yet proved, but it is certainly a rather more hopeful one in its implications for treatment, and Dr. Jackson's case studies, though they are by no means a record of consistent success, do support her attitude.

R. F. TREDGOLD.

The Function and Training of Mental Nurses. By A. N. Oppenheim, B.A. with the assistance of Beryl Eemann, M.A. (Cantab.). Chapman & Hall. 12/6

In 1951 the Board of Governors of the Maudsley-Bethlem group of hospitals arranged for a job analysis of their nurses' work to be carried out by psychologists employed on the Staff of the Institute of Psychiatry. The results of this investigation have now been published and provides interesting, as well as occasionally surprising, information on the functions of the nursing staff in the two hospitals. It would not of course be fair to compare the findings with those likely to obtain in the average mental hospital, since the type of institution is so very different, especially in that there are no chronic or senile wards in either the Bethlem or Maudsley Hospitals, but there are many features of resemblance and this report will be of considerable value to those concerned with the staffing of mental hospitals throughout the country.

The main purpose of the investigation was to find out how much time is spent by mental nurses in actual nursing duties and how much on domestic tasks. The methods and conditions of training were also studied and particular attention was paid to the influence of existing methods on recruitment and wastage. Examination was made of the work of the various grades of staff, ranging through Sisters, senior nurses, middle rank nurses, junior and part-time nurses, their duties being broken down into various categories with numerous sub-divisions, e.g. care of patients, household duties, reception and management, etc.

Great differences were found in the time spent by different grades of staff in the two hospitals on similar tasks. All the nurses at the Bethlem Hospital spent more of their time talking to patients than did those at the Maudsley. With Sisters and Charge Male Nurses this amounted to 19% at Bethlem as compared with 7% at the Maudsley. 21% of the Maudsley Sisters' time was spent with doctors, matrons, psychologists and visitors, they also spent more time in their offices. Senior nurses at the Maudsley are largely concerned with administrative duties, but at Bethlem 48% of their time is devoted directly to patients.

The young student nurses spend from 32 to 45% of their time (depending on the hospital in which they work) on domestic duties. It is implied that this concentration of the junior nurses' time on the household duties may be one important reason for nurses leaving before completing their first year of training.

It is perhaps surprising to read that preparing and serving meals and part of the washing up afterwards occupy the entire ward team, including the Sister or Charge Male Nurse. The nurses

also act as waitresses. Apparently patients themselves do very little domestic work in the wards.

The author indicates that a reorientation is needed in the training of nurses in their dealings with patients. Too much emphasis is apt to be laid on physical treatments so that nurses fail to realise the importance of their role in psychotherapy—"Almost any other duty seems to take precedence over 'talking to patients'".

The differences in the shift system of working are fully discussed and much useful argument is brought forward on both sides. At Bethlem a two-shift system is worked, which means that on an average a full-time nurse is on duty throughout the day from 7.30 a.m. to 8 p.m. with the equivalent of $2\frac{1}{2}$ days a week off duty, while at the Maudsley where the three-shift system obtains, the day nurses are divided into two shifts, one shift working until 2 p.m. when the other takes over. It is estimated that to put Bethlem on a three-shift system would require some 15 nurses above the number at present available.

There is no doubt that from the patients' point of view the two-shift system has definite advantages, but the question of fatigue at the end of a long day is one which has not yet been answered.

The third part of the report is devoted to Recruitment and Training. Application forms are sent to all who apply for admission to the hospitals for training as nurses, but only about 30% of these forms are ever returned, and of these approximately 40% are rejected for various reasons. Training includes ward talks by registrars but the value of these varies greatly according to the skill and enthusiasm of individual doctors, while nurses at Bethlem attended on the average only 32% of the talks available to them.

This is a comprehensive and valuable report which throws much new light on the causes of dissatisfaction among mental nurses and suggests various ways in which both recruitment and methods of training might be improved.

The only complaint one might make is that the price seems unduly high for so slender a paper-backed volume.

J. SAWLE THOMAS.

Lunacy, Law, and Conscience, 1744-1845. By Kathleen Jones, Ph.D.
Routledge and Kegan Paul, London. 21/-

This book, which is the latest addition to the "International Library of Sociology and Social Reconstruction", maintains the high standards set by the previous publications in that series. As one would expect, the author approaches her topic from the viewpoint of the Social Historian. She deals with the development of lunacy

reform and legislation during the period 1744 to 1845 in terms of the general cultural pattern and the wider social reforms of that time. She stresses the part played by social reformers, rather than the development of any professional medical knowledge in the field of mental illness. At first sight, this would seem to give a biased and too narrow picture, but Dr. Jones makes it clear that her approach is fully justified. She demonstrates how progress was impossible without a change of public attitudes, and how closely linked these attitudes were with the major social issues of the day. It is interesting to see how far some of these same attitudes are still reflected in our modern legislation on mental ill-health. For this reason, Dr. Jones' book is especially valuable at a time when the possibility of fresh legislation is being considered.

In an Epilogue, the author deals briefly with the changes in the law from the Lunatics Act 1845 until the present day, whilst there are Appendices on the special status of Criminal Lunatics and Chancery Lunatics, and on the incidence of insanity. These sections are disappointing; but since they do not form an essential part of the central thesis, their relative weakness does not greatly impair the value of the book as a whole.

T. A. RATCLIFFE.

Psychoanalytic Interpretation in Rorschach Testing: Theory and Application. By Roy Schafer. Grune and Stratton. New York. 1954

The contents of this book include a long chapter entitled "Interpersonal Dynamics in the Test Situation", several chapters on form and content analysis, and many illustrative protocols are discussed in detail. Throughout an attempt is made to understand Rorschach theory in terms of psychoanalytical psychology. It is not a book for the beginner since it requires both a solid grounding in Rorschach principles and a working knowledge of psychoanalysis. To those clinical psychologists who believe implicitly in the dogma of Rorschach and psychoanalytical theory, this book will be very welcome and an invaluable aid to diagnosis. To those psychologists who believe that psychology should be a science, based only upon validated concepts, this book will be of little practical use since the major part of both Rorschach and psychoanalytic theory fails to meet the basic requirements of scientifically-minded psychologists.

Dr. Schafer makes almost no attempt to discuss how the many unvalidated concepts of either Rorschach or psychoanalytical theory could be validated experimentally; in general he ignores such experimental studies as do exist. He writes as if the common assumptions of these two doctrines are established facts rather than a series of, as yet, unvalidated beliefs which have gradually

accumulated over the years and which have become, by virtue of time and a devout following, to be regarded as proven facts. The superabundance of esoteric jargon in both these disciplines have added to the confusion and made it even more difficult to separate fact from fancy.

This book has a limited appeal in that it is of little use to social workers and people in allied professions and even among psychologists it will only be of use to Rorschach workers who have a marked psychoanalytic inclination. In the opinion of this reviewer the great need at the present stage of Rorschach usage is not for new books which complicate Rorschach theory by introducing even more unvalidated and ill-defined concepts but for a critical and experimental evaluation of existing "knowledge" in the hope that a precise tool will one day emerge.

CYRIL M. FRANKS.

Deprived Children. A Social and Clinical Study. By Hilda Lewis. Published for the Nuffield Foundation by the Oxford University Press. 9/6

This book describes and in some measure attempts to evaluate the work of the Pioneer Children's Reception Centre at Mersham, Kent, which owed its inspiration to Miss Lena Rendel, Honorary Director of the Caldecott community, and its practical possibility to the financial support of the Nuffield Foundation. The Centre ran from 1947-1950 and during this period 500 children became its successive inhabitants. The Curtis Committee advocated the use of reception centres as a stepping stone for children who could no longer live in their own homes and the Children's Act 1948 made their establishment by Local Authorities obligatory.

Dr. Lewis writes in her preface:

"The Mersham Centre was the first of its kind. The aim before it was twofold—to do the best for the children and to accumulate data which would throw light on the relation of cause and effect in their lives, deflected as they were from the normal paths of conduct and upbringing. Hence might come surer guidance on how to lessen the troubles that beset children deprived of a settled and happy home".

The subsequent histories of the 240 children selected for follow-up study, which are discussed in some detail in chapter 5 of the book, indeed show that the careful planning of the children's placement have paid dividends. But how far the wealth of data about their family background, previous personal experiences, personality problems and behaviour, throws light on "the relation between cause and effect in their lives" must remain more open to doubt. One is left with the impression that too much importance

was attached in this study to direct observation of the children's behaviour during the brief span of their first two weeks in the centre, i.e. in a strange and artificial environment, when they could not be reasonably expected to behave in their most characteristic ways, and it is a pity that the relative significance of the other diagnostic contributions such as history-taking, intelligence testing and psychiatric interview is not more explicitly discussed.

The conscientious documentation in the form of tables shows the amount of thought and care which has gone into the preparation of this book, but these may, in spite of their obvious value, prove irksome to some readers because they tend to interrupt the flow of the material and argument and make the account less vivid.

The findings with regard to children separated from parents or parent substitutes at an early age and especially the findings with regard to children from "problem families", merit the closest attention of everyone concerned with mental health.

IRMI ELKAN.

You and Your Child. By Winifred de Kok. Cassel & Co. Ltd. 8/6

This book contains valuable information and commonsense ideas for anyone who is involved with the upbringing of children. It is clearly written and very readable. Dr. de Kok has the happy knack of being able to translate highly complicated psychological theories into everyday language. Here is a book written by an expert which the average parent can read easily without the "mumbo jumbo" of psychological terms. Yet the principles stated are sound ones, based on many years of training and experience.

The book has a definite psychoanalytical bias but contains only sound principles of child rearing which would be accepted by workers in the mental health field with different orientations. Dr. de Kok stresses, for instance, the importance of sex education for children and a healthy attitude towards sex. But she never goes into long-winded psychoanalytic explanations and the points she makes are certainly not debatable. Not only parents, but all who are concerned with mental health would find this book useful in clarifying their own ideas and in helping them to formulate simple concepts which would help them in interpreting modern principles of child psychology to parents.

The book is a short one but it covers the child's development from before birth to adolescence. Perhaps it cannot be—as its subtitle suggests—a *complete* Guide, but it does present a highly concentrated review of child development and management. The reader will find in it few wasted words and will discover a wealth of information on all sorts of topics, ranging from infant feeding to adolescent emancipation.

VIOLET FRANKS.

Physical and Psychical Research. An Analysis of Belief. By C. C. L. Gregory and Anita Kohlsen. Omega Press. 15/-

The blurb on the dust-cover of this book claims that it states an important new principle and, hence, that it is important. It aims at integrating in mathematical terms, the physical and psychological sides of science, for which purpose it includes a purely mathematical appendix on the "reversed loop". Presumably, there are people who are able to see how the writers work out their thesis. But to do so one would have to be very well up, both in psychology, parapsychology and mathematics, quite apart from the turbidity of the language itself. As it is, the book can scarcely claim to succeed.

Any attempt to co-ordinate and integrate the sciences, so that a picture of life and nature as a whole emerges, is highly commendable. And indeed, if the various aspects of the mind could be seen to follow laws as definite as those which can be expressed by mathematical equations, it would help enormously. As it is, there is always the elusive factor in psychology, which effectively escapes formulation. Especially is this the case when we come to the realm of parapsychology, of which little is known, and what is known only goes to show that the more one *does* know the greater the field about which one is ignorant.

Thus this book, trying to circumscribe the undefined, if not the indefinable, leaves one more puzzled than ever. Their ideas may be clear enough to the writers, but they have not yet been able to become sufficiently objective about them to convey them to others. To bring a thing to birth means to separate oneself from one's creation. And while it may be that Dr. Gregory and Miss Kohlsen are in the "second stage", what they have given us is, to say the least, a premature infant.

L. J. BENDIT.

Sex and the Social Order. By Georgene H. Seward. Pelican Books. 2/6

This book fails to satisfy, though never to interest, by attempting to encompass too much ground in too small a volume. In effect, Dr. Seward has essayed to write simultaneously a textbook of experimental and social psychology, a popular encyclopaedia of sex knowledge and a Left Wing political tract on Woman's Rights. Because of this it is by no means clear for which section of the population the book has been written. My own feeling is that it is too broad in its scope and consequently too shallow for the specialist reader and yet at the same time because of the technical language in which it is written, beyond the understanding of the general population. For example, I doubt whether many general

readers would understand the sentence "The distribution of M-F scores is clearly bimodal with a narrow overlapping area between."

Dr. Seward has put a tremendous amount of labour into a book written with sincerity and honesty. To develop her thesis she has delved deeply into the relevant literature, and to her credit has given the source of each finding. For 224 pages of reading text there are no less than 701 entries in the bibliography. On the whole, Dr. Seward proves her point that there is little biological evidence to support male dominance in the higher primates. Nevertheless in spite of its purely cultural origins the dominance does exist much to Dr. Seward's indignation. Whether society would in fact benefit in the long run by a cultural revolution of the sort Dr. Seward looks forward to remains debatable. Possibly the chief value of the book will be to stimulate such debate.

The feminist point of view argued so appealingly by Annie Oakley in the song "Anything you can do I can do better" has now been put much more eruditely but in the reviewer's opinion no more convincingly, by the author of this book.

Nevertheless, accompanying her on her intellectual journey is both stimulating and even entertaining if at times, e.g. when she ventures into the deeper waters of clinical psychiatry, a little hair-raising.

Group Discussion in Educational, Social and Working Life. Edited by John Burton. Central Council for Health Education, Tavistock House, London, W.C.1. 3/6

This booklet consists of a collection of essays by various authors. Each essay is complete in itself but the collection read in the presented sequence gives the reader a quite comprehensive idea of the theory, practice and uses of group discussion.

The essays range over so wide a field of human activities and interests that it would be difficult to find a literate group (after reading the booklet, to refer to anything less than the group seems somehow reactionary) which would not find them of both interest and use. There are within the booklet, articles of such diverse interest as the one by Beatrice Pollard on the principles and practice of Quakerism and James Gillespie's thought-provoking essay setting out the problems of contemporary labour/management relations and putting forward a possible solution.

The reader is brought to the realisation that group discussion is a completely plastic medium capable of being moulded to serve widely differing purposes. In the psychotherapeutic hands of Dr. Anthony it is something totally democratic and uninhibited; in

Magda Kelber's, using it for leadership training in Germany, it is rather less so. No doubt it serves its purpose equally well for both.

I feel sure that many copies of this booklet will be sold and that, as a result of those sales, group discussion will be more in evidence in the future.

STANLEY LEIGH.

Women of the Streets. A Sociological Study of the Common Prostitute. Edited by C. H. Rolfe. Secker & Warburg. 21/.

This book is sponsored by the British Social Biology Council and the bulk of it is a restrained and detached account by a research worker, who remains anonymous, of her personal contacts with prostitutes.

The initial project for the research which was planned after the War was much more ambitious than it proved possible to carry out, and in the end it had to be drastically curtailed. For the purpose of this book one can only think this was an advantage, as the smaller numbers with a single investigator, probably enabled the author to keep her account so readable and fresh.

An interim report was made in 1951 and covered the first stage of the research:—

- (a) A comparative study of the statistics relating to prostitution, compiled from the Metropolitan Police records for the two years 1946 and 1949.
- (b) A statistical analysis of the files from the Criminal Record Office of 150 prostitutes who were convicted in 1949.

These appear in the book as Appendices ii and iii, and for them the co-operation of the London School of Economics was available.

Later, the actual field research was started and this was such an untried field that the research worker was obliged to spend time in perfecting her technique for making initial contacts with the prostitutes. Her frank descriptions of her numerous interviews, often with verbatim phrases, are what make the book so readable and vivid.

In the course of the work, almost accidentally, it became possible to make a more intimate study of a group of girls in Stepney which provided much of the more detailed information of the fifty selected case histories which form Appendix i. Compared with say, clinical practice, the histories are so meagre that at a first reading one is perhaps inclined to undervalue them, but gradually a sort of picture does emerge. The last two chapters, "The State of Not Belonging" and "The Men They Live With" begin to show

the outlines, if not of some of the causes, at least of some of the psychological pre-conditions of prostitution and perhaps of the ties the women form, which tend to hold them to this kind of life.

S. A. TOYNBEE.

The Homosexual Outlook. By Donald Webster Cory. London: Peter Neville Ltd. 326 pp. 18/-

The Verdict of You All. By Rupert Croft-Cooke. Secker and Warburg, 1955. 254 pp. 15/-

The publication of these two very different books, indicates the increasing frankness with which the subject of homosexuality can nowadays be discussed; it is not many years since the word was practically unusable in newspaper or novel. Not unnaturally such past repression, even of discussion, has led now to some highly emotional pronouncements and illogical attitudes of our present society, which is only the latest chapter in the story of homosexuality's varying place in various civilisations and cultures through the ages.

Few would deny that the subject needs more objective research but ostensibly neither of the writers of these books sets out to give it. Mr. Webster Cory's approach is entitled "a subjective approach" and is "the result of a quarter of a century of participation in American life as a homosexual". Mr. Croft-Cooke's book is a passionate outpouring after his conviction and prison sentence on a charge of a homosexual offence: and while the blurb on the dust cover is correct in saying "his views are likely to arouse controversy", it is perhaps optimistic to think that "they are certain to command respect", for his criticisms of the police and prison system will be bitterly resented by some. His effusion is of course very understandable, not least as an abreaction to his sufferings, but it is questionable if his book will go far towards remedying the ills which he attacks, as he makes little effort to indicate constructive solutions of the shocking conditions he describes. But perhaps it is unfair to expect as much.

From the scientific viewpoint, Mr. Cory's book deserves much more serious consideration, though it is as racily written. He studies the history of society's reactions to homosexuality in real life, and in literature (of which he gives an exhaustive list, omitting however, Shakespeare). The problems of emotional satisfaction, the anomalies of the law (and the variations in different American states), the possibility of treatment and the responsibilities of society are all explored, and the result is a stimulating constructive book which should be read by all.

R. F. TREDGOLD.

Fourth Annual Report on Stress, 1954. By Hans Selye and Gunnar Heuser. Acta Inc.

This volume, the fourth annual supplement to Dr. Hans Selye's book "Stress", is unlikely to be of interest to the majority of readers. Although it does contain several original articles by authors of international repute on subjects of general clinical interest, the bulk of the 750 pages are taken up by an extremely comprehensive bibliography relating to recent research on the Stress Theory of disease and allied subjects. Such a bibliography is, obviously, primarily of interest to the research worker and student of Selye's General Adaptation Syndrome than the general reader.

The Stress theory holds an important place in clinical medicine and may well in the future make very worthwhile contributions to psychiatry. For those wishing to learn something of the theory pages 30 to 37 offer a concise, readable and relatively non-technical account of it.

Dr. Selye appears to be fully aware of the danger of his school becoming a cult and in this report is not averse to quoting adverse criticism which he tries to answer. For the same reason the subjects dealt with cover a rather wider field than one might expect.

It is unlikely that this volume will find its way into many private libraries but I feel it deserves a place in general medical ones.

STANLEY LEIGH.

Mental Health Services. By F. B. Matthews, M.B.E. Second Edition. Shaw & Sons Ltd., Fetter Lane, London, E.C.4. 57/6

Since the coming into force of the National Health Service Act, this book has been an indispensable companion for all whose professional duties require up-to-date knowledge of current health legislation. It has been out of print for some time and we welcome this second edition brought still more up to date by the inclusion of recent Orders and Regulations and by the relevant sections of the National Health Service (Amendment) Act, 1949, the Criminal Justice Act, 1948 and the Magistrates Courts Act, 1952.

Low Intelligence and Delinquency. By Mary Woodward. Institute for the Study and Treatment of Delinquency. Obtainable from the Institute, 8 Bourdon Street, London, W.1. 1/6

This twenty-four page pamphlet will be of interest and use to all professional workers concerned with the many problems of delinquency. It is clearly written, logically presented, and based on

rigorous thinking. Miss Woodward makes an evaluative review of the pertinent literature (there is a 66 item bibliography attached) and presents the major findings of her own investigations. She comes to the reasonable conclusion that, in general, low intelligence cannot be regarded as an important causal factor in the incidence of delinquency.

CYRIL M. FRANKS.

The Practitioner: Special Number on The Handicapped Child.
April 1955. 7/6. Obtainable from 5 Bentinck Street, W.1.

This volume is really a minor text-book on the most recent developments in the medical care of the handicapped child. Though directed especially to the general practitioner it could be studied with profit by any social worker whose interests lie in this field. The papers, which cover among others the blind, the spastic the paralysed, the cripple and the delinquent child are almost uniformly excellent and are full of suggestions about new methods of treatment and prevention. Two communications, on the Deaf Child by Miss Whetnall, F.R.C.S., and on the Disfigured Child by Dr. Napier Matthews, are conspicuous by reason of their closely packed information and their understanding of their patient's psychological needs. In the paper on the Mentally Deficient Child by Dr. A. Spencer Paterson, it is unfortunately apparent that the administrative details have not been fully grasped. One reads for example that "They (the imbeciles and idiots) are reported by the Ministry of Education to the medical officer of health as being ineducable, either for low intelligence or for mild intellectual defect with accompanying bad behaviour (detrimental). They require certification if they are not managed entirely at home and this necessitates that a sub-committee of the Local Authority examines the patient, generally in a room of the Town Hall." We have not yet come to the time when a committee "examines" a patient!

One notes with satisfaction how much larger the parent looms nowadays in the recommendations made for the care of the child. It is rather disturbing, however, to find that there seems to be a prejudice against special schools and a misunderstanding of their value and functions. Dr. Henderson's tactful reminder, in his admirable paper on the "Epileptic Child," that the School Medical Officer can always be contacted through the Town Hall, comes in appropriately here. The S.M.O. is as deeply concerned as anyone else to send the child to the most normal type of school, but is in a peculiarly advantageously position to judge if they are able to do so without physical or mental detriment.

L. FAIRFIELD.

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THE FUNCTION AND TRAINING OF MENTAL NURSES. By A. N. Oppenheim, B.A. with the assistance of Beryl Eeman, M.A. Chapman & Hall. 12/6

PROSTITUTION. By Eleanor French. British Social Biology Council, Tavistock House, London, W.C.1. 1/6

LOW INTELLIGENCE AND DELINQUENCY. By Mary Woodward, B.A. Institute for Study and Treatment of Delinquency, 8 Bourdon Street, London, W.1. 1/6

THE NEEDS OF YOUNG CHILDREN IN PRESENT DAY SOCIETY. Nursery Schools Association, 1 Park Crescent, London, W.1. 1/9

CHILD WELFARE IN RELATION TO THE FAMILY. Proceedings of World Congress of International Union for Child Welfare, held at Zagreb, 1954. Obtainable from 16 Rue du Mont Blanc, Geneva. 8 Swiss Frs.

THE WORK OF THE MENTAL NURSE (Manchester Mental Nursing Survey). Manchester University Press, 316 Oxford Road, Manchester 13. 10/-

EDUCATIONALLY SUBNORMAL CHILDREN. AN EXPERIMENT IN ADJUSTMENT TEACHING IN EXETER, 1954. Report published by Exeter Education Committee.

EDUCATION AND THE FAMILY. 38th Annual Report of Conference of Educational Associations, 1955. Conference Office, College of Preceptors, 2 & 3 Bloomsbury Square, W.C.1. 3/6

OLD AGE IN THE MODERN WORLD. Report of Congress of International Association of Gerontology: London, 1954. E. & S. Livingstone. 35/-

WORLD HEALTH ORGANISATION. EXPERT COMMITTEE ON DRUGS LIABLE TO PRODUCE ADDICTION. 5th Report, March 1955. H.M. Stationery Office. 9d.

GROUP FOR THE ADVANCEMENT OF PSYCHIATRY. Reports on: Integration and Conflict in Family Behaviour (No. 27); The Use of Psychiatrists in Government in relation to International Problems (No. 28). 3617 West Sixth Avenue, Topeka, Kansas, U.S.A.

CRITERIA FOR SELECTION AND REJECTION OF PATIENTS FOR VARIOUS TYPES OF GROUP PSYCHOTHERAPY (Reprint). By S. R. Slavson. International Journal of Group Psychotherapy, 228 E.19th Street, New York, 3

WELFARE IN LONDON. An account of the L.C.C.'s Welfare Department. Obtainable direct from County Hall, Westminster Bridge, S.E.1. 2/6 (plus postage), or through Staples Press, Ltd., Mandeville Place, W.1

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DAME EVELYN FOX

1874-1955

SOME PERSONAL TRIBUTES

From Sir Otto Niemeyer, G.B.E., K.C.B., Hon. Treasurer, National Association for Mental Health

Evelyn Fox was a hard taskmaster. She had a right to be for from no one did she exact more than from herself. She built up the Central Association for Mental Welfare over many years, with the unusual combination of idealism and practical sense which was peculiar to her. She would see at once the possibilities of a new idea and at the same time to a penny what it was likely to cost.

Perhaps an even rarer gift among successful administrators she saw beyond the confines of her own institution. It was she who set in motion the extensive discussions of the Feversham Committee; who actively supported the war time co-operation between the various voluntary bodies interested in Mental Health and After-Care; and who was behind the Provisional Council for Mental Health. She saw, perhaps before others, the need for amalgamation which produced the National Association for Mental Health even though this meant the absorption in a larger body of her own particular Association. To the end her mind was open, vigorous and forward looking.

In the causes dear to her heart Evelyn Fox feared neither God nor—*experto crede*—man, nor Whitehall. It will be long before we see her like again.

From Sir Percy Barter, C.B., formerly Chairman, Board of Control

When Dame Evelyn Fox came to see us at the Board of Control there was never any vagueness about the proceedings. She would come knowing exactly what she wanted; she would waste no time in preliminaries; and she would propound the object of her visit with challenging precision. In the ensuing discussions there often emerged evidence of those qualities which made her so great a leader in the cause of mental health. She was formidable in argument not only because of her immense knowledge and experience, but because of her directness of approach and her alert mind. She could however be subtle in argument if, for example, she wanted us to adopt a somewhat unorthodox interpretation of some statutory provision. Of official caution she was often impatient, as indeed she was entitled to be; for she was a pioneer. And when (the Conference over) she took her leave there was always a kindly rather quizzical light in her eye, which seemed to say "Thank you for agreeing to some of my points and I shall come again about the others."

Voluntary effort is an indispensable part of the Mental Health Service; and those of us who have borne official responsibility will always remember with admiration and gratitude the invaluable service and selfless devotion of Evelyn Fox.

From Mrs. Hurle, Hon. Secretary, Somerset Association for Mental Welfare

Evelyn Fox was a remarkable woman. The outstanding success of her work for mental defectives was due to her unique personality. Her home was Fox Hall in County Longford and she came of the family of Charles James Fox and exhibited not a few of his characteristics. Her Irish sense of humour carried her through many difficulties and enabled her to disregard opposition and to overcome it and often, in overcoming it, to win the admiration of her opposers, even if they were members of the Civil Service.

It was not only her outstanding ability and humour which enabled her to induce others to work for her but the warmth of her affection which could not be resisted whether by her colleagues, her faithful retainers or the dogs whom she cherished.

She aroused interest in mental deficiency in the earliest years of this century and was one of the pioneers who were working for the better understanding of the differences between mental illness, as dealt with under the Lunacy Acts, and mental deficiency which, in those days, was hardly dealt with at all.

It is sad to think that she will not be here to read the Report of the Royal Commission when it appears. How ready she would have been to approve what seemed to her to be good and to assist in its adoption, how ready acutely to criticise what she deemed of little worth. Most of all, she would have wished that the good work should go on and that the State should continue to make the fullest use of voluntary co-operation.

From Mrs. Welfare, formerly Secretary, Central Association for Mental Welfare

Memories over forty years of "our VeeVee," as she was affectionately called by her staff, are many and vivid. As a leader and chief, she inspired those who worked with her with her own enthusiasm and persistent sense of direction, and bound them to her with ties of loyalty made fast by her wisdom, vision, courage and never failing humour. She was not one to suffer fools gladly and sometimes said so plainly, but the storm was soon over and when one had done something really stupid that had to be put right, VeeVee always stood by one and never let one down. She always said that she was an anarchist! And it often seemed like that when work which seemed to be going smoothly was rudely upset and shattered. But "stagnation is death" she said, and with her always questing mind and love of experiment, would pick up the bits and build something better.

An enduring memory is of her arrival each week with masses of flowers from her garden, for her room and for those of the staff. Woe betide if the vases were not ready on her desk, and the morning's work would be done to the accompaniment of the arrangement of the flowers, everyone's favourites remembered. And one recalls the weekends in her country home, the saunters round the garden, and the long walks on the Downs, when one would tramp miles whilst VeeVee thought aloud and planned new experiments and schemes. She was a countrywoman first and foremost and undoubtedly those days away from town each week strengthened and refreshed her and made her what she was. In a way she was a dictator, but she was humble withal in her heart and taught one that distress for non-success was only a form of pride. "Who am I that I should never fail?" She was indeed a valiant woman and one whose memory will live in the hearts of those who knew and loved her.

From Miss Averay-Jones, formerly Social Worker, South Wales Mental Hospitals Boarding-Out Scheme

I owed to Dame Evelyn the best and most satisfying years of my life, from the time when she encouraged me as a trainee to join that pioneer work of which she was so undaunted a leader.

At the outset I felt very much of a lower-deck hand in a ship she was commanding and at times driving into uncharted seas. As I worked my way up and had more responsibility and more personal contact with the Captain I had a deeper sense of the comradeship with which she had inspired me in my humble beginnings. She was terrific in her demands—if she took risks with you, you took risks with her, but there was a twink'e in her eye and her laughter alone stemmed the most reasoned and logical protestations. For myself I had always the feeling that she had a most human and almost tender understanding of my particular weaknesses and through that understanding helped me to develop latent powers. This gift of sympathy, combined with hard common-sense was applied to her interest in the most under-privileged of her fellow-creatures.

She showed her comradeship in delightful moments of unbending, would come to the help of her lieutenants in practical ways and combine visits of supervision with jaunts to the cinema, where available, enjoying a really low-brow entertainment, not in the least on a level with her usual intellectual and cultural standards.

It is much to have loved and admired her for at least a quarter of a century and to mourn her passing with that love and admiration undimmed to the end.

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From Miss St. Clair Townsend, formerly Organiser, Child Guidance Council

There must be many like myself, who on hearing of Dame Evelyn Fox's death, have been looking back over the years and realising afresh how much she counted in our lives. To her, I owe my first introduction to mental deficiency work, when she arranged for me to be trained in 1915. To her, more than to anyone else, I owe such opportunities as came my way for varied and absorbing work—indeed at one of the major crises of my professional life, she stood by me, and through her practical help, understanding and sympathy, restored a tottering self-confidence and set me on a new road.

As the years went by, whether in mental deficiency, hospital social work or with the Child Guidance Council, her steady friendship, wise counsel and dynamic personality proved an ever present inspiration.

Dame Evelyn, in relaxed and lighter mood, was an invigorating companion and she often surprised one with her interest in subjects far removed from mental health. I well remember an afternoon, in Boston, when she snatched a few hours from exacting work, and took me to see a private collection of pictures. Her knowledge and intense appreciation of the old masters were a revelation and the vivid memory of that peaceful interlude has never faded.

Her racy comments on men and affairs were a perpetual delight and her amazing power of seeing through a problem to its essential solution, made her an incomparable chief to work under. I mourn her loss and treasure many happy memories of her brilliant and lovable personality.

From Miss Ruth Thomas, formerly Chief Educational Psychologist, Central Association for Mental Welfare

I was privileged to work under Evelyn Fox for what must have been the nine most crowded and fruitful years of her long career, following the outbreak of war. Because she had foreseen and prepared for the opportunities for work and psychological service they were to offer, they were certainly the most crowded and fruitful of mine. The hard analytic quality of her mind never failed to find the one productive opportunity hidden in weeks of depressing or apparently fruitless work in the evacuation areas. With her immense capacity for rapport with the administrative mind, she worked to build the whole network of present psychological services out of our chance encounters and what were then

the temporary if urgent needs of the areas where we worked. I have known few people with the capacity to capitalise one's personal assets and accept and reckon with the disabilities which inevitably went with them. Because of this, her apparently impersonal relationships were at bottom deeply personal and functioned at a level of mutual respect and understanding. She usually got in return a humorous tolerance for her own forceful idiosyncrasies, about which she knew very well and accepted as just the way she was. In one of the last letters I had from her, she recorded with a quite scientific detachment the failing of her powers. She had always had a supreme dislike of the insincere and the dilettante, and wrote with wry amusement about some sentimental advice she had been offered about old age, "Thank goodness I am not drawn to those ploys." Such detachment could only have been matched by the satisfaction she must have felt in the embodiment of her efforts in institutions and legislation which remain to continue their effects.

June 1955.

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Summer 1955

NEWS



LETTER

ISSUED BY THE NATIONAL ASSOCIATION FOR MENTAL HEALTH
MAURICE CRAIG HOUSE · 39 QUEEN ANNE STREET · LONDON, W.1
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DAME EVELYN FOX

The passing of Dame Evelyn on 1st June marks the end of an epoch in the history of the mental health movement. On June 20th a Memorial Service was held at St. Peter's, Vere Street (our parish church) most kindly conducted for us by the Rector, the Rev. J. W. Stott, when Dr. Torrie gave a short address. The congregation included many old friends and mental health workers who had trained under her, in addition to representatives of Government Departments, N.A.M.H. Officers and Committee members, staff and students.

An article written by Mrs. Welfare, who through her many years of service as Secretary of the Central Association for Mental Welfare, probably knew Dame Evelyn better than anyone else, was published (before her death) in a series on "Pioneer Women" appearing in "Social Service," the Journal of the National Council for Social Service. This we have had reprinted and it is on sale at the price of 6d. The details of Dame Evelyn's distinguished and dynamic career are now known to a comparatively few mental health workers, and we commend this article to those who may be unaware of what they owe to her.

Other personal tributes are recorded in the leaflet enclosed in this News Letter.

Educational Activities

Mental Deficiency Training

The Northern Ireland Refresher Course held in April was attended by 69 full-time and about 25 part-time students—all actively engaged in various branches of mental health work. In addition a meeting was held for Groups of parents of mentally handicapped children.

The Course was generally felt to have served a useful purpose and we would like to place on record the warm Irish welcome which the N.A.M.H. team, reinforced by Dr. Cunningham (Royal Albert Institution) and Dr. Crawford (Botleys Park), received; we hope that we may be asked to pay a return visit another year.

For the Refresher Course to be held at Grove House, Roehampton, at the end of July, 73 members of Occupation Centre staffs and of staffs of School Departments of Mental Deficiency Hospitals, have enrolled up to date.

The N.A.M.H. Diploma Course will in future be known as the "Diploma Course for Teachers of the Mentally Handicapped (in Occupation Centres, Mental Deficiency Hospitals or in their own homes.)" The Ministry of Health and the Ministry of Education have raised no objection to this change of title. The request for the alteration was made in the first instance to the N.A.M.H. by the recently formed Association of Teachers of the Mentally Handicapped (in Occupation Centres, Mental Deficiency Hospitals or in their own homes) whose members felt that it would make the true nature of their work better understood and that it would help to raise their professional status."

The two 1954-55 Courses, and the 1953-55 In-Service Course will mark their endings by "Open Days" one in Manchester on Saturday, 9th July and the other in London on 16th July. The chief speakers at the former will be Dr. T. Crowley and Dr. J. Chalmers Keddie, and at the latter, Dr. J. R. Rees (Medical Director, World Federation for Mental Health). Details will gladly be sent by Miss Dean on application.

General

The Autumn programme of the Training and Education Department includes a Course for Medical Officers in October (the third this year) and a series of lectures for Health Visitors in training at the Battersea Polytechnic and the Dagenham Technical College. Other projects are under active consideration.

On June 27th, the Department is meeting a group of 20 teachers and others interested in handicapped children who are taking part in a European Study Tour arranged by the Professor of Education, Wayne University. The programme is to include a

talk in the office, followed by lunch, and a visit to a Special School for Educationally Subnormal Children.

Much time has been spent by the Department in connection with a document on "Periods of Stress of the Primary School" prepared, at the request of U.N.E.S.C.O., by an expert Group under the chairmanship of Mr. H. E. O. James, M.Sc., Reader in Psychology, University of London Institute of Education. The rapporteur to the Group (Mr. Nicholas Gillett, Lecturer in Education, Dudley Training College), was unfortunately called away to undertake a full-time assignment for U.N.E.S.C.O. before half the work was completed, and the final drafting of the Report fell to the lot of our Educational Psychologist, Mrs. Hilda Clark.

Lord Memorial Essay Competition

The subject chosen for the Essay this year is "What effects on mental nursing have resulted from the changing types of patient and conditions in mental and mental deficiency hospitals?"

The competition is open to qualified nurses and student nurses in mental and mental deficiency hospitals and is administered by the N.A.M.H. A leaflet giving full particulars may be obtained from 39 Queen Anne Street.

Office News

Staff

Miss Addis' many friends received with sorrow and dismay the news of an accident which befell her in the garden of her home early in May resulting in serious injury to her leg. She has been laid up since then and although now out of hospital she is still incapacitated.

Another member of the staff—Mrs. Violet Franks, Tutor of the London In-Service Course for Teachers of Mentally Handicapped Children, is also away on leave, but in her case the reason is a joyous one, i.e. the birth of a son. We hope to see her back again in September for part-time service.

New House

The Training and Education Department is now happily installed at No. 43 Queen Anne Street whose shining paint and polish and unwonted amenities are being much appreciated, and causing the dwellers at No. 39 not a little envy. The large room upstairs, equipped out of the Mackenzie Fund with "Pel" tubular stacking chairs in a tasteful shade of blue (a joy both to behold and to sit upon) will be used for lectures to the Occupation Centre and other Courses as soon as the "matching tables" have been delivered.

Conference of Representatives of Approved Homes

This gathering was held on 18th May and though the attendance was disappointingly smaller than that of other years, those who did come felt, we hope, that it was well worth while. Miss D. C. Keeling (Chairman of our Mental Deficiency Sub-Committee) was in the chair and in the morning, Miss Margaret Dixon, Education Officer, Metropolitan Division of the School Broadcasting Council) gave a fascinating talk, illustrated by records, of how school broadcasting can be used in mental deficiency work. In the afternoon, Mrs. Kelly shared with the members the difficulties and achievements of our Case Work Department and the smallness of the group who were present enabled a valuable informal discussion to be held.

A Clinic for Alcoholics

The National Association for Mental Health is collaborating with the London Diocesan Branch of the Church of England Temperance Society and the Society for the Study of Addiction in a pioneer project. It is felt that there is a need for a special clinic for alcoholics. The Church of England Temperance Society (London Branch) are providing the accommodation and administration for the clinic, and the N.A.M.H. is providing the psychiatric social work. Two psychiatrists are giving their services to the clinic which is open on Tuesday and Friday afternoons. Patients are seen by appointment only. The clinic opened on Tuesday, 10th May, and up to date 17 cases have been seen. The clinic is held at 14 Gloucester Place, London, W.1.

World Federation for Mental Health

It is unlikely that many N.A.M.H. members will be able to journey to Istamboul to attend the 8th Annual Meeting of the World Federation to be held there from 21st to 27th August, much as they would wish to do so.

Apart from the interest of the theme chosen: "Family Mental Health and the State," the preliminary programme gives an alluring picture (apart from the financial details!) of the surroundings of the Conference Meeting and of the possibility of getting there by Turkish steam ships plying between Istamboul and ports on the Mediterranean, Adriatic and Aegean Seas.

The Conference Meeting is being held at the invitation of the Governor and Mayor of Istamboul (Prof. Dr. F. Kerim-Gokay) and the organising arrangements are in the hands of the Turkish Society for Mental Hygiene.

Full particulars may be obtained from the Secretary-General, World Federation for Mental Health, 19 Manchester Street, London, W.1.

Northern Branch Activities

The second report of our Northern Branch in Leeds records progress which though uneven and hampered by the lack of a psychiatric social worker, may nevertheless claim to be real, and to justify confidence in the future.

Recent activities include a series of four lectures arranged in Dewsbury with the co-operation of the Local Authority on "The Positive Aspects of Mental Health." The average attendance was just short of 200. At the invitation of the Westmorland County Council a most successful One-Day Conference was held in May, at Kendal. This was attended by social workers, nurses, magistrates, police and interested lay people to consider "How can the Social Services help the Mental Health of the Community?" Lady Norman was in the Chair and the speakers were Dr. Burbury and Dr. W. F. Roper.

The possibility of forming new Local Mental Health Associations is being continually borne in mind, and already there has been set up under the auspices of the Community Council, a "York and District Association for Mental Health" under the auspices of the York Community Council. Other plans for bringing together interested people in different parts of the area are also being explored, and the formation of two Associations in Lancashire is under active consideration.

In conjunction with the Department of Extra-Mural Studies of the University of Leeds, plans are being made for the holding of a course of study for social workers employed in the mental health field and a One-Day Conference to discuss the project was held recently, attended by representatives of relevant employing bodies and by mental welfare officers.

The Committee has accepted the invitation of the N.A.M.H. to hold the Association's 1955 Conference in the North, in Harrogate, and has welcomed the opportunity of undertaking the work which its organisation will involve.

Flag Day News

The "first ever" Mental Health Flag Day was launched at St. James' Palace in the presence of Her Royal Highness the Duchess of Kent on Friday, 10th June. Over 500 people were present covering a wide cross section of organisations, hospitals, psychiatric clinics and lay members of the public, with a number of Mayors of Metropolitan Boroughs. Great enthusiasm has been shown as a result of this meeting and it was felt that the first step in the inauguration of the Day had been an undoubted success.

Her Royal Highness addressed the meeting and spoke of the interest her late husband, the first President of the National Council for Mental Hygiene, had always shown in mental health work. She made a striking reference to perfect health as constituting a trinity with three aspects—spiritual, mental and physical, Dr. H. V. Dicks, a senior member of the Hon. Medical Panel of the N.S.M.H., spoke from the standpoint of a psychotherapist, stressing the vital importance of establishing mental health in early childhood. Dr. J. M. Tanner, Secretary of the Mental Health Research Fund, urged the need for intensive research in the field of mental illness. Lord Feversham, Chairman of the Flag Day Committee, exhorted all present to give it the maximum possible amount of support and expressed the hope that everybody who had had the pleasure of coming that afternoon to St. James' Palace should enlist the help of at least ten personal friends.

Members of the N.A.M.H. are likewise urged to throw in their weight in this great effort, either by acting as collectors on the Day itself (20th September), or taking part in the house to house collection authorised for the preceding week (14th to 20th). Others who are unable to give such strenuous help are asked to volunteer for taking charge of depots.

Offers of help should be sent to the Flag Day Organiser, Miss Hannah Hyman, at 39 Queen Anne Street, W.1.

Federation of Associations of Mental Health Workers

Several members of the N.A.M.H. staff attended the first Conference of this Federation held at Smedley's Hydro, Matlock, from 29th April to 2nd May. The Conference followed the pattern of those which have been held annually for many years under the auspices of the Mental Health Workers' Association, whose members have now been divided into two bodies, the Society of Mental Welfare Officers, which includes members of the former National Association of Authorised Officers, and the Association of Teachers of the Mentally Handicapped. The Federation forms a link between these bodies and one of the functions allocated to it is the organisation of Annual Conferences.

The success of the "merger" was clearly seen at Matlock, and Mental Welfare Officers who were present for the first time expressed their appreciation of the valuable opportunities the Conference provided for linking up workers in different sections of our Movement.

The programme included an address by Dr. Duncan

MacMillan, Physician Superintendent of Mapperly Hospital, Nottingham, on "The Organisation of a Mental Health Service in a large County Borough" which evoked a lively discussion; a profoundly interesting talk by Dr. W. F. Roper, Principal Medical Officer of H.M. Prison, Wakefield, on "Rehabilitation in Prison," and a session on "Some Handicapped Citizens and Ways of Helping Them" with papers on the High Grade Defective on Licence (by Dr. F. J. S. Esher) and on the Epileptic (by Miss D. C. Keeling, O.B.E.). Owing to disorganisation of the programme caused by the imminent threat of a rail strike, it was disappointing that Professor Fraser Brockington who had promised to talk on "Mental Health in Relation to the Public Health Service" was unable to come. A special session for members of the Teachers' Association was devoted to the subject of "Experiences and Experiments in Training Mental Defectives" with short talks given on Occupation Centres (Mrs. Stevens, Bradford), Industrial Classes (Mr. D. M. Cater, Nottingham), Institution School Departments (Mrs. McDermott, Meanwood Park Hospital).

Royal Commission on Laws relating to Mental Illness and Mental Deficiency

On 16th June representatives of the N.A.M.H. again gave evidence to the Royal Commission, this time on the Care of the Aged suffering from Mental Illness or Mental Infirmary and on a short supplementary Memorandum on Young Mentally Defective Children which had been presented by request. A third Memorandum on Aggressive Psychopaths was also received.

Copies of all these Memoranda may be obtained from 39 Queen Anne Street, price 1s. post free.

Recent N.A.M.H. Publications

Directory of Child Guidance Services

A revised edition of this Directory has been in preparation for some time and is now available, price 5s. It is impossible to guarantee absolute accuracy in a publication of this kind and we can only say that we have done our best, and that notification of any omissions or changes will be gratefully received.

A Survey based on Adoption Records

This embodies the report of a research made possible by a grant from the E. L. Rathbone Charitable Trust. It has been

welcomed by social workers concerned with adoption problems and found a ready sale at the Child Guidance Inter-Clinic Conference at the end of March when it first appeared. Its price is 3s. 6d.

Christmas Cards

A leaflet with reproductions of our 1955 Christmas cards (including two new ones) is now available and will gladly be sent on application. Please enclose 1½d. stamp.

Members who valued the "Virgin with the Laughing Child" will be glad to know that one of the new cards is another 15th century Madonna and Child reproduced by kind permission of the Victoria and Albert Museum. The other new card is that of a "Child Praying", by an unknown French artist of the same period, reproduced by permission of the Louvre. A third new card is in preparation.

Wirral Association for Mental Health

The Fourth Annual Report of this Association records the continuation of the series of talks given at regular intervals to its members. These have dealt with mental health aspects in school, home and church, and with modern treatment of mental illness and epilepsy. Over 200 people attended a film show organised by the Association at an open meeting.

Miss P. E. Winter, who is Headmistress of the Birkenhead High School for Girls, has succeeded Mr. Harborow as Hon. Secretary.

Blue Bird Club, Wisbech

This Club, established by the Wisbech Voluntary Committee for Mental Welfare, meets one afternoon a week in an attempt to bridge the gap until a full-time Occupation Centre is established. Beginning originally with half a dozen young people there was soon an average attendance of 18, and under the direction of the Home Teacher (Mrs. Roney) the group of voluntary helpers maintains its enthusiasm and continues to give unfailing service.

The Fifth Report of the Committee records with satisfaction that the long hoped for Occupation Centre is soon to be opened, but there is no intention of disbanding the Club which will continue to be needed by older members not eligible for the Centre or after reaching its age limit.

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